

DAVIS, BROWN, KOEHN, SHORS & ROBERTS, P.C.

Attorneys and Counselors at Law

 Telephone: (515) 288-2500
 Web: www.lawiowa.com

 The Financial Center
 666 Walnut Street, Suite 2500
 Des Moines, Iowa 50309-3993
 Fax: (515) 243-0654

 4201 Westown Parkway
 Suite 300
 West Des Moines, Iowa 50266
 Fax: (515) 246-7997

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January 18, 2005

Via Facsimile: (703)308-5077

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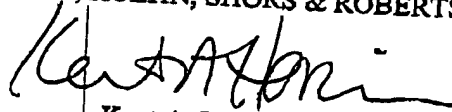
We are requesting a \$110 refund for Deposit Account 12-2250.

On November 16, 2004, \$110 for serial no. 10/613,715 was charged to our account for an additional one-month extension. The Examiner for the said application mailed an Office Action on June 2, 2004. A response was mailed to the Examiner on November 2, 2004, with a check for \$430 for the 2-month extension. We have enclosed a copy of the November Statement along with a copy of the cover sheet of the Office Action and the certificate of mailing of the Amendment. Please deposit the refund of \$110 back to Account 12-2250.

Thank you for your assistance with this matter.

Sincerely yours,

DAVIS, BROWN, KOEHN, SHORS & ROBERTS, P.C.


 Kent A. Herink

 KAH:jk
 Enclosure

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DAVIS, BROWN, KOEHN
SHORS & ROBERTS, P.C.

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Account No.	122250
Date	11-30-04
Page	1

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DATE POSTED			CONTROL NO.	DESCRIPTION (Serial, Patent, TM, Order)	DOCKET NO.	FEE CODE	CHARGES/ CREDITS	BALANCE
MO.	DAY	YR.						
11	3	04	39	PCT/US04/35798	453266059170	1701	548.00	2840.30
11	3	04	41	PCT/US04/35798	453266059170	1703	132.00	2708.30
11	3	04	42	PCT/US04/35798	453266059170	8007	20.00	2688.30
11	16	04	2	10613715	8594560/41960	1201	88.00	2600.30
11	16	04	3	10613715	8594560/41960	1251	110.00	2490.30
11	16	04	130	09753381	4532670/KEM	1401	340.00	2150.30
11	24	04	1	09904124	56908US002	1251	110.00	2040.30
<p>→ already paid \$430.00 (check no. 253065) for the 2 month extension. Response was only 2 months late!</p>								
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/613,715	07/03/2003	Robert McCracken	8594560/41960	4999
2631... 7590 06/02/2004 DAVIS, BROWN, KOEHN, SHORS & ROBERTS, P.C. THE FINANCIAL CENTER 66 WALNUT STREET SUITE 2500 DECATUR, GA 30030-3993				
EXAMINER KATCHEVES, BASIL S				
ART UNIT		PAPER NUMBER		
3635				

DATE MAILED: 06/02/2004

Please fill below and/or attached an Office communication concerning this application or proceeding.

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/613,715
		Filing Date	Jul 3, 2003
		First Named Inventor	McCracken, Robert
		Art Unit	3635
		Examiner Name	Katcheves
Total Number of Pages in This Submission	12	Attorney Docket Number	8594560/41960

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Kent A. Herink
Signature	<i>Kent A. Herink</i>
Date	November 2, 2004

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date: January 18, 2005

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pages: 5, including this cover sheet

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$1,430.00)

Complete if Known

Application Number 10/613,715

Filing Date 7/3/2003

First Named Inventor McCracken, et al.

Examiner Name Katcheves

Art Unit 3635

Attorney Docket No. 8594560/41960

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit AccountDeposit Account Number
Deposit Account Name

12-2250

Davis, Brown, Kohn, Shors & Roberts, P.C.

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below	Fee Paid
Independent	Multiple Dependent	-20**	-3**		

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to withdrawal action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	430	2252	215	Extension for reply within second month	430.00
1253	980	2253	490	Extension for reply within third month	
1254	1,530	2254	765	Extension for reply within fourth month	
1255	2,080	2255	1,040	Extension for reply within fifth month	
1401	340	2401	170	Notice of Appeal	
1402	340	2402	170	Filing a brief in support of an appeal	
1403	300	2403	150	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,370	2453	685	Petition to revive - unintentional	
1501	1,370	2501	685	Utility issue fee (or reissue)	
1502	480	2502	240	Design issue fee	
1503	660	2503	330	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Stmt	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	790	2809	395	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	790	2810	395	For each additional invention to be examined (37 CFR 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$1,430.00)

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Kent A. Harink	Registration No. (Attorney/Agent)	31025	Telephone	515-288-2500
Signature				Date	November 2, 2004

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Adjustment date: 02/07/2005 SDIRETA1
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